FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

1014478

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC Section

Pint I D YAM

	f this is an amendment and name has cl. – Private Offering of up to \$30,000,0			Washington, DC 104
Filing Under (Check Type of Filing: New Filin	k box(es) that apply): 🗆 Rule 504 🛛	l Rule 505 ⊠ Rul	le 506	ULOE
	A. BASIC ID	DENTIFICATION	DATA	
1. Enter the information requ	ested about the issuer		<u> </u>	
Vertical Fund I, L.P				08049748
	(Number and Street, City, State, Zip C e, Summit, New Jersey 07901	ode)		mber (Including Area Code) (908) 277-3737
	Operations (Number and Street, City,	State, Zip Code)	Telephone Nu	mber (Including Area Code)
Brief Description of Business Private Investment (PROCESSED
Type of Business Organizatio ☐ corporation ☐ business trust			other (please spec	PROCESSED MAY 0 6 2008 THOMSON REUTERS
	ncorporation or Organization: or Organization: (Enter two-letter U.S. for other foreign jurisdiction) <u>D E</u>		Year _8/9 breviation for State;	☑ Actual ☐ Estimated
GENERAL INSTRUCTIONS				
Federal: Who Must File: All issuers making an of	Tering of securities in reliance on an exemption under	Regulation D or Section	1(6), 17 CFR 230.501 et seq. or	15 U.S.C. 77d(6).
Where To File: U.S. Securities and Exch	ange Commission, 450 Fifth Street, N.W., Washingto	on, D.C. 20549		
Capies Required: Five (5) copies of this nor printed signatures.	totice must be filed with the SEC, one of which must be	e manually signed. Any co	pies not manually signed must be	e photocopies of the manually signed copy or bear typed
	contain all information requested. Amendments need eviously supplied in Parts A and B. Part E and the Ap			es thereto, the information requested in Part C, and any
Filing Fee: There is no federal filing fee.				
ULOE must file a separate notice with the	ce on the Uniform Limited Offering Exemption (ULOF Securities Administrator in each state where sales are to y this form. This notice shall be filed in the appropria	to be, or have been made. I	If a state requires the payment of	a fee as a precondition to the claim for the exemption, a
	A	TTENTION		

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) The Vertical Group, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 25 DeForest Avenue, Summit, New Jersey 07901
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Hee blank cheet or convenduce additional conies of this cheet as necessary)

					B. INFO	ORMATI	ION ABO	UT OFF	ERING				
1 block	tha iaana	r sold or s	loog the is	cuar inta	nd to sall	to non o	ccredited i	nyectors	in this off	ering?	Yes	No	
1. 1145	ine issue.	i sold of c	ioes ille is	isuci inte	iu to seii,	to non-ac	cicunca	1114031013	011	cring.			
Answer	also in A	Appendix,	Column	2, if filing	g under U	LOE.							
2. Wha	t is the m	ninimum i	nvestmen	t that will	l be accep	ted from	any indivi	idual?			\$ <u>200,0</u>	00	
3. Does	the offe	ring perm	it joint o	wnership	of a single	e unit?					Yes ⊠	No □	
or ag	uneration gent of a ons to be	for solici broker or listed are	tation of p dealer reg associate	ourchasers gistered w ed person	s in conne ith the SE	ction with C and/or	n sales of s with a sta	ecurities te or state	in the offe s, list the	ring. If a name of t	person to he broker	be listed is an	nission or similar associated person nore than five (5) dealer only.
Full Na	me (Last	name firs	t, if indiv		APPLICA	BLE							
Busines	s or Resi	idence Ad	dress (Nu				, Zip Code	2)					
Name o	f Associa	ated Brok	er or Deal	ler				 					
		Person Li				to Solici	t Purchas	ers					
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Na	me (Last	name firs	t, if indiv	idual)			· 						
Busines	s or Resi	idence Ad	dress (Nu	ımber and	l Street, C	ity, State	, Zip Code	e)		<u></u>		<u> </u>	
Name o	f Associa	ated Brok	er or Dea	ler			-						
							t Purchas						
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Na	me (Last	name firs	t, if indiv	idual)			· · · · · · · · · · · · · · · · · · ·						
Busines	s or Res	idence Ad	dress (Nu	ımber and	l Street, C	ity, State	, Zip Code	e)					
Name o	f Associ	ated Brok	er or Dea	ler									
							t Purchas						
[AL] [IL] [MT] [RI]	"All Stat [AK] [IN] [NE] [SC]	es" or che [AZ] [IA] [NV] [SD]	ECK INGIVI [AR] [KS] [NH] [TN]	dual State [CA] [KY] [NJ] [TX]	es) [CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	🗆 All States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 Enter the aggregate offering price of securities included in this of "zero". If the transaction is an exchange offering, check this box □ exchange and already exchanged. 	fering and the total amount already sold. Enter and indicate in the column below the amounts o	"0" if answer is "none" or f the securities offered for
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ <u>-</u> 0-	\$ <u>-0-</u>
Equity	\$ <u>-0-</u>	\$ <u>-0-</u>
□ Common □ Preferred		
Convertible Securities (including warrants)	\$ <u>-0-</u>	\$ <u>-0-</u>
Partnership Interests	\$ 30,000,000	\$ <u>23,724,823</u>
Other (Specify)	\$ <u>-0-</u>	\$
Total	\$ <u>30,000,000</u>	\$ <u>23,724,823</u>
Answer also in Appendix, Column 3, if filing under ULOE		
 Enter the number of accredited and non-accredited investors who h the purchases. For offerings under Rule 504, indicate the number o their purchases on the total lines. Enter "0" if answer is "none" or 	f persons who have purchased securities and the	ggregate dollar amounts of aggregate dollar amount of
	Number	Aggregate
	Investors	Dollar Amount of Purchases
Accredited Investors		\$ <u>23,724,823</u>
Non-accredited Investors		\$ <u>-0-</u>
Total (for filings under Rule 504 only)		\$
 If this filing is for an offering under Rule 504 or 505, enter the info of the types indicated, in the twelve (12) months prior to the first sa Question 1. 	ormation requested for all securities sold by the indee of securities in this offering. Classify securities	ssuer, to date, in offerings es by type listed in Part C -
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		¢
Regulation A		\$
Rule 504		<u>\$</u>
Total		\$
4. (a) Furnish a statement of all expenses in connection with the iss relating solely to organization expenses of the issuer. The information expenditure is not known, furnish an estimate and check the box	ation may be given as subject to future continge	offering. Exclude amounts of an
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$
Legal Fees		\$35,000
Accounting Fees		
Engineering Fees		\$
Sales Commissions (Specify finder's fees separately)		\$
Other Expenses (identify		\$
Total	X	\$ <u>40,000</u>

C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPE	NSES AND USE OF PROCEI	EDS
(b) Enter the difference between the aggregate of to Part C - Question 4(a). This difference is the	offering price given in response to e "adjusted gross proceeds to the	Part C - Question 1 and total expissuer."	penses furnished in response \$29,960,000
 Indicate below the amount of the adjusted groamount for any purpose is not known, furnish a equal the adjusted gross proceeds to the issuer 	an estimate and check the box to t	he left of the estimate. The total	the purposes shown. If the of the payments listed must
		Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees		\$	□ \$
Purchase of real estate		\$	□ \$
and equipment		s	□ \$
Construction or leasing of plant buildings and faci	lities	\$	□ \$ □ \$
Acquisition of other businesses (including the valus securities involved in this offering that may be us in exchange for the assets or securities of another	sed		
issuer pursuant to a merger	***************************************	\$	□ \$
Repayment of indebtedness			<u> </u>
Working capital Other (specify)	***************************************	\$ <u> </u>	x \$ 29,960,000
- Caron (specify)		\$	- \$
Column Totals			□ \$
Total Payments Listed (column totals added)		\$	⊠ \$ <u>29,960,000</u>
	D. FEDERAL SIGNATURE	;	
The issuer has duly caused this notice to be signed b signature constitutes an undertaking by the issue the information furnished by the issuer to any n	er to furnish to the U.S. Securities	and Exchange Commission, upor	
Issuer (Print or Type)	Signature	Date /	1 /
Vertical Fund I, L.P.	+ thus I	- 4/2I	5/08
Name of Signer (Print or Type)	Title of Signer (Print or Typ	e)	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Authorized Person

John E. Runnells, III

		E. STATE SIGNATURE	
1.	ls any party described in 17 CFR 230.252 any of the disqualification provisions of s See Appendix, Column 5, for state respon	uch rule?	Yes No □ ⊠
2.	The undersigned issuer hereby undertakes CFR 239.500) at such times as required by	to furnish to any state administrator of any state in w y state law.	nich this notice is filed, a notice on Form D (17
3.	The undersigned issuer hereby undertakes offerees.	to furnish to the state administrators, upon written r	equest, information furnished by the issuer to
4.	The undersigned issuer represents that the Offering Exemption (ULOE) of the state in has the burden of establishing that these of	issuer is familiar with the conditions that must be s which this notice is filed and understands that the is onditions have been satisfied.	atisfied to be entitled to the Uniform Limited suer claiming the availability of this exemption
	ne issuer has read this notification and knows Ily authorized person.	the contents to be true and has duly caused this notice	e to be signed on its behalf by the undersigned
1	ssuer (Print or Type)	Signature	Date /
	Vertical Fund I, L.P.	Alus. Junelle	4/25/08
1	Name of Signer (Print or Type)	Title of Signer (Print or Type)	
J	ohn E. Runnells, III	Authorized Person	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

l	Intend to	2 sell to non- t investors	Type of security and aggregate offering price offered in State	4 Type of investor and amount purchased in State					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
	(Part B – Item 1)		(Part C - Item 1)		(Part E –					
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
AL	 			<u> </u>	-					
AK		 								
ΛZ						<u> </u>				
AR										
CA										
CO				 					†	
СТ		Х	Limited Partnership Interests \$2,150,000	4	\$2,150,000	0	0		х	
DE				<u> </u>				-		
DC					-					
FL		х	Limited Partnership Interests \$670,000	1	\$670,000	0	0		х	
GA										
Hl										
ID										
IL.		х	Limited Partnership Interests \$200,250	1	\$200,250	0	0		х	
IN					-					
lA			 							
KS										
KY			-							
LA										
ME				······································						
MD										
MA										
Ml										
MN		х	Limited Partnership Interests \$9,903,225	10	\$9, 903,225	0	0		х	
MS			 		+			-	1	

1		2	3		4			5		
	Intend to sell to non- accredited investors in State (Part B – Item 1) Type of security and aggregate offering price offered in State (Part C – Item 1)			Type of investor and amount purchased in State (Part C – Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
МО		X	Limited Partnership Interests \$1,000,000	ı	\$1,000,000					
MT					<u>-</u>		-			
NE NE				-						
NV					<u>-</u>					
NH					 -	<u></u>			 	
NJ		X	Limited Partnership Interests \$4,751,348	8	\$4,751,348	0	0		Х	
NM				•						
NY		X	Limited Partnership Interests \$2,950,000	6	\$2,950,000	0	0		x	
NC		X	Limited Partnership Interests \$2,100,000	2	\$2,100,000	0	0		x	
ND									-	
ОН				-			_	-		
ОК	-				-					
OR						-				
PA									 	
RI		 							 	
SC									-	
ŠD	-	 	-			 	_	-		
TN	 	-		-				-	<u> </u>	
TX		+		_	<u> </u>	 				
UT		-					-			
VT		_		-						
VA	-				_				 	
WA		+								
wv		+	-						-	
wi						 		-		
WY									- 	
PR								<u> </u>	 .	
rk				<u> </u>]		